



# Public Health Bulletin

A Publication of the Public Health Department, Jess Montoya., Director • [www.slopublichealth.org](http://www.slopublichealth.org)  
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## Varicella Zoster Immune Globulin (VZIG) Availability

The FDA and CDC recently issued guidance on a replacement supply of Varicella Zoster Immune Globulin (VZIG) that is produced and licensed in Canada, but is currently investigational in the United States. These bulletins can be found at [www.fda.gov/cber/infosheets/mphvzig020806.htm](http://www.fda.gov/cber/infosheets/mphvzig020806.htm) and [www.cdc.gov/mmwr/preview/mmwrhtml/mm55e224a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm55e224a1.htm)

The supply of the licensed VZIG will be depleted within the next few weeks. However, an investigational (not licensed) VZIG product manufactured by Cangene Corporation (Winnipeg, Canada) is now available under an investigational new drug application (IND) protocol. This product may be requested through FFF Enterprises (Temecula, CA) for individuals who have been exposed to varicella and who are at increased risk of complications from varicella.

### Indications for Use of Investigational VZIG

Varicella vaccine continues to be recommended for postexposure prophylaxis of other persons without evidence of varicella immunity and who have no contraindications to vaccination. The vaccine should be administered preferably within

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Gregory Thomas, M.D., M.P.H.



## Public Health Week Brings Focus on Rising Rates of Obesity

Over the past century, Public Health has touched the life of every Californian. Children born today expect to live 30 years longer than those born in 1900, largely due to public health achievements – clean water, safe foods, immunizations, and creation of tobacco-free zones.

Despite such significant triumphs, we still have more to do. Today, rates of obesity and diabetes are rising among children. Fifteen percent of California's children are asthmatic, and preventable injuries afflict too many of our children.

Public Health Week celebrates our commitment to create healthy communities, safe streets for children to walk and bike to school, bicycle paths and parks for safe play, affordable fresh fruits and vegetables in every neighborhood, and access to preventive care and early intervention for health conditions. All sectors of government, businesses, communities and individuals are responsible for creating healthy communities in which

children can thrive and of which California can be proud.

### Obesity as a Costly Epidemic

Obesity is emerging as the defining disease of our age. The Centers for Disease Control and Prevention (CDC) Director Julie Gerberding, M.D., M.P.H., testified to Congress that rapid increases in obesity rates and the costs of related diseases no longer permit the nation to ignore obesity as a public health problem. She said that the speed of its spread is due to a myriad of social changes that combined to increase caloric intake and reduce physical activity.

Subsequently, CDC estimated obesity-attributable health care costs at \$75 billion, of which about half was publicly financed. They attributed approximately 6% of all adult health care, 7% of Medicare, and 11% of Medicaid expenditures to obesity.

Over the last decade, California

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## Lab Diagnosis of Avian Influenza

The Public Health Laboratory (PHL) is prepared for avian influenza, and is collaborating with local clinical laboratories.

At this time, we strongly urge that influenza cases which meet the clinical criteria for avian influenza (H5N1) be tested within the public health laboratory system. For those cases, the San Luis Obispo County Public Health Laboratory will expedite testing.

Collect nasal and throat swabs (using dacron or rayon swabs only) and place each swab into a separate vial of viral transport media, leaving the swab in the media. Send specimens and State Virus Lab submittal form for each patient to the San Luis Obispo County Public Health Laboratory at 2191 Johnson Avenue (781-5507). The PHL will forward these to the State Virus Laboratory in Richmond for culture of avian influenza and specific typing.

The PHL also performs, in-house, virus culture for influenza NOT suspected to be avian type, with results available within 24-48 hours. Please contact the PHL for further information on submitting specimens.

### Important Notice:

Please fill in and return the attached postcard to tell us how you would like to receive future copies of this bulletin.

## Many Household Items, Now Considered Hazardous Waste, Need Proper Disposal

Existing regulatory exemptions that allow households and other small quantity generators to dispose of some hazardous wastes in municipal solid waste landfills expired on February 9, 2006. As a result, these wastes cannot be disposed of in municipal waste landfills after February 8, 2006. State regulations were updated to include several household items which when discarded are considered hazardous waste. These materials, referred to as universal waste because they are generated by several sectors of society have been added to a growing list of materials that can no longer be thrown in the trash. These include:

**Common batteries** – AA, AAA, C cells, D cells and button batteries (e.g. hearing aid batteries).

**Fluorescent Tubes and Bulbs and Other Mercury-Containing Lamps** – Fluorescent light tubes and bulbs, high intensity discharge (HID), metal halide, sodium, and neon bulbs. These lights contain mercury vapor that may be released to the environment when they are broken. Mercury is a toxic metal that can cause harm to people and animals including nerve damage and birth defects.

**Old style thermostats** (non-electronic) contain mercury inside the sealed glass “tilt switch.”

**Electronic devices** such as televisions and computer monitors, computers, printers, VCRs, cell phones, telephones, radios, and microwave ovens often contain heavy metals like lead, cadmium, copper, and chromium.

**Electrical switches and relays** typically contain about 3.5 grams of mercury each. Mercury switches are found in some chest freezers, pre-1972 washing machines, sump pumps, electric space heaters, clothes irons, silent light switches, automobile hood and trunk lights, and ABS brakes.

**Pilot light sensors** are mercury-containing switches found in some gas appliances such as stoves, ovens, clothes dryers, water heaters, furnaces and space heaters.

**Gauges containing mercury** such as barometers, manometers, blood pressure, and vacuum gauges

**Mercury-added novelties** include greeting cards that play music when opened, athletic shoes with flashing lights in soles (made before 1997), and mercury maze games.

**Mercury thermometers** typically contain about a half gram of mercury.

**Non-empty aerosol cans that contain hazardous materials** – Many products in aerosol cans are toxic, and many aerosol cans contain flammables, like butane, as propellants for products like paint. If your aerosol can is labeled with words like toxic or flammable, don't put it in the trash unless it is completely empty.

Like used motor oil and paint, universal waste is a kind of hazardous waste. It is illegal to dispose of hazardous waste in the garbage. It can also cause harm to your garbage handler. Eventually, chemicals in ille-

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## Infant and Toddler Immunization Highlighted in April and May

The week of April 23-29 has been proclaimed National Infant Immunization Week (NIIW) and May is Toddler Immunization Month (TIM). The theme for 2006 is "Community Immunity Protect Your Child, Protect Your Community." The California Department of Health Services, Immunization Branch; the California Coalition for Childhood Immunization and the California Distance Learning Health Network (CDLHN) will coordinate the statewide kick-off event.

The Public Health Department Immunization Program will participate in several health fairs and San Luis Obispo Farmer's Markets to distribute educational materials regarding vaccines for children and give toys to children who visit the booth. Educational incentives will be provided to WIC clients and those pediatricians who wish to participate during April.

A quarterly Immunization Coalition meeting will be held on June 16 from noon to 1:30 p.m. Anyone interested in improving vaccination practices and the use of the tri-counties immunization registry is invited to attend. For more information, please call Liz Sandoval at 788-2357 or Debbie Jo Trinidad at 788-2043.

Emphasizing that immunizations protect everyone is especially significant now that pertussis cases have dramatically increased in California. San Luis Obispo County experienced 110 cases of pertussis in 2005 and nine cases to date in 2006. Although there are pertussis vaccines to protect your children (DTaP) and (Tdap) to protect adolescents and adults, infants under one year of age are still vulnerable since they are too young to be fully immunized.

As immunization rates have climbed, reduction in vaccine-preventable diseases has occurred. In California, immunization rates for children aged 19 to 35 months have reached the National Healthy People objective of 80%. However, gains are not a given and a decision not to vaccinate is a decision to put the community at risk. Unless surrounded by immunized children and adults, the unimmunized will become a group of susceptible hosts large enough for the microbes to set up self-sustaining chains of person-to-person transmission, and the "community immunity" that now protects us will begin to disappear. That's why providers, schools, and clinics work together to provide timely immunization.

All residents play a role in protecting the health of the children of San Luis Obispo County. Immunizations are one of the most effective ways parents can protect their child's health and the health of the community.

The recommended childhood and adolescent immunization schedule can be found through our regional web page [www.immunize4life.org](http://www.immunize4life.org) (click *Providers*, then click *IZ schedules*) or [www.cdc.gov/nip/#schedules](http://www.cdc.gov/nip/#schedules)

For more information about vaccines, including precautions and contraindications for immunization and vaccine shortages, visit the National Immunization Program Web site at [www.cdc.gov/nip](http://www.cdc.gov/nip) or call the 24-hour hotline at 800-CDC-INFO (800-232-4636).

## Pandemic Influenza Preparedness at the Public Health Department

The Public Health Department is currently in the process of revising its Pandemic Influenza Preparedness and Response plan for the County.

During this period, the Health Department is looking to greatly expand input from public health partners in all areas of the community. The Health Department is currently seeking community, business, and health care representatives to participate in committees to address such concerns as:

- business preparedness
- community containment
- laboratory issues
- legal issues
- government continuance
- communications
- animal issues
- hospital issues.

If you would like more information, call County Epidemiologist Ann McDowell at 788-2095.

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## Household (continued)

gally disposed hazardous waste can be released into the environment and contaminate our air, water, and possibly the food we eat. The best place to dispose of these materials is at the household hazardous waste collection facility operated by the San Luis Obispo County Integrated Waste Management Authority (IWMA). Call IWMA at 782-8530 to find out about disposal. You can also learn more from the State Department of Toxic Substances Control's web page on universal wastes at [www.dtsc.ca.gov/HazardousWaste/UniversalWaste](http://www.dtsc.ca.gov/HazardousWaste/UniversalWaste)

## Public Health Week (continued)

has experienced one of the fastest rates of increase in adult obesity of any state. More than half of California adults now are overweight or already obese. Rates among African American and Latino adults, men over 25, and adults with less than a high school education exceed 60%. Rates of physical activity and healthy eating have not improved significantly, and there is no sign that the increases in overweight or obesity are slowing.

A study by the Public Health Institute and Health Management Associates (HMA) revealed that in year 2000 dollars, physical inactivity, obesity, and overweight cost California an estimated \$21.7 billion a year in direct and indirect medical care (\$10.2 billion), workers' compensation (\$338 million), and lost productivity (\$11.2 billion). The annual costs of physical inactivity were estimated at \$13.3 billion, obesity at \$6.4 billion, and overweight at \$2.0 billion. The majority of these costs were shouldered by public and private employees in the form of health insurance and lost productivity. The study projected that these costs would rise to more than \$28 billion in 2005 unless aggressive action was taken.

The HMA study also estimated that a 5% improvement in the rates of physical activity and healthy weight over five years could save more than \$6 billion, while a 10% improvement could save nearly \$13 billion. That is, if one or two Californians out of every 20 who are overweight or inactive were to reduce their body mass index (BMI) to a leaner category and become active, then significant savings could be realized. The full report is available at [www.ca5aday.com](http://www.ca5aday.com).

### **Eat Smart. Play Hard.™ San Luis Obispo County!**

Being healthy involves the entire family. Using interactive activities, San Luis Obispo families can team up to learn how being healthier can be fun. Teaming a 6 to 8 year old child with a parent/caregiver, child-adult teams learn the importance of healthy snacking and being physically activity.

This 6-week English/Spanish program was developed based on information gathered through key informant interviews with local health and educational professionals and focus-group interviews with parents and children. Weekly programs included: hands-on nutrition knowledge centers, preparing healthy snacks, and participating in fun and inexpensive ways to be active indoors and out using household items such as milk jugs, spatulas, and balloons.

Child and adult participants showed an average 20% knowledge gain through pre/post tests (pre=55%; post=75%). Self-reported, positive behavior change for all participants between the first to the last class indicated that 95% of participants made at least one healthy behavior change including 18% drinking less soda, 9% drinking less fruit drinks, and 22% drinking less sport drinks for snacks. Additionally, 27% indicated drinking more water for snacks and more than half indicated being more physically active.

This program demonstrates the importance of involving a parent/caregiver with a child to change family lifestyle patterns to improve nutrition and increase physical activity. Free train-the-trainer training is available to San Luis Obispo County organizations serving children 6 to 8 years of age. Call Shirley Peterson, UC Cooperative Extension, at 781-5951 to learn how to become involved.

Through a mini-grant from the Gold Coast Collaborative for Nutrition and Fitness, the Economic Opportunity Commission was able to do the following:

- Increase the use of children's literature to promote nutrition by 228%
- Increase the use of children's literature to promote physical activity by 18%
- Increase the involvement of children in the preparation of healthy snacks by 85%

Targeting family child care providers who served mixed-age groups of children from the food stamp eligible population, we provided group training and on-site consultation to 20 child care programs, including 10 primarily English-speaking and 10 primarily Spanish-speaking programs. Staff spent an hour with each program, engaging children and child care providers in nutrition and physical activity curriculum designed to positively influence the healthy behaviors of children before they enter elementary school.

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## VZIG Availability (continued)

96 hours and possibly up to 120 hours postexposure. Those recommended to receive investigational VZIG include:

- Immunocompromised patients. (VZIG is not indicated for prophylactic use in immunodeficient children or adults who have a known past history of varicella, unless the patient has undergone bone marrow transplantation.)
- Neonates whose mothers have signs and symptoms of varicella around the time of delivery (e.g., 5 days before to 2 days after delivery).
- Premature infants born at more than 28 weeks of gestation who are exposed during the neonatal period and whose mothers do not have evidence of immunity.
- Premature infants born at less than 28 weeks of gestation or who weigh less than 1,000 g at birth and were exposed during the neonatal period, regardless of maternal history of varicella disease or vaccination.
- Pregnant women.

When indicated, health care providers should make every effort to obtain and administer investigational VZIG. In situations in which administration of investigational VZIG does not appear possible within 96 hours of exposure, administration of immune globulin intravenous (IGIV) should be considered as an alternative. IGIV should also be administered within 96 hours of exposure.

### Follow-up Immunization or Antiviral Therapy

Any patient who receives investigational VZIG to prevent varicella should subsequently receive varicella vaccine, provided the vaccine is not contraindicated.

Any patient who receives investigational VZIG should be observed closely for signs or symptoms of varicella for 28 days after exposure because investigational VZIG might prolong the incubation period by more than one week.

### How to Obtain Investigational VZIG

You can obtain information by calling the 24-hour number at FFF Enterprises: (800) 843-7477. You will be asked to provide preliminary information to determine patient eligibility. If the patient is eligible, investigational VZIG will be shipped to you with the informed consent form, case report forms, investigator's brochure, and contact information for Cangene Corporation.

Pharmacists and health care providers who expect to have patients who will need investigational VZIG may soon participate in a program that allows them to acquire inventory in advance to minimize delays in administration. Investigational VZIG delivered for inventory will be accompanied by all forms required by the IND expanded access protocol (i.e., release form, protocol, informed consent form, case report forms, investigator brochure, drug accountability form, and contact information for FFF Enterprises and Cangene Corporation); IRB approval (i.e., central or local) should be in place.

Additional information, including the IND protocol for IRB review and sample release form, is available through FFF Enterprises at [www.fffenterprises.com/web\\_pages/varizig\\_protocol.html](http://www.fffenterprises.com/web_pages/varizig_protocol.html) or at (800) 843-7477.

# San Luis Obispo County Reported Cases of Selected Communicable Diseases - Spring 2006

Disease	January	February	March	Total 2006	Total 2005
AIDS	0	0	0	0	14
<b>Amebiasis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Brucellosis	0	0	0	0	3
<b>Campylobacter</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>10</b>	<b>54</b>
Chlamydia	42	66	40	148	549
<b>Coccidioidomycosis</b>	<b>14</b>	<b>11</b>	<b>9</b>	<b>34</b>	<b>115</b>
Cryptosporidiosis	1	0	1	2	6
<b>E. Coli 0157:H7</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>
Giardia	4	0	2	6	19
<b>PPNG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Gonorrhea	2	2	6	10	49
<b>Hepatitis A</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>5</b>
Hepatitis B	26	7	2	35	94
<b>Hepatitis C Acute</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Hepatitis C Chronic	69	45	25	139	502
<b>Hepatitis, Unspecified</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Listeriosis	0	0	0	0	2
<b>Measles (Rubeola)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Meningitis - Total	3	0	2	5	34
<b>Meningitis - Viral</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>23</b>
Meningitis, H-Flu	0	0	0	0	0
<b>Meningococcal Disease</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>
Pertussis	8	6	6	20	110
<b>Rubella</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Salmonellosis	2	1	4	7	23
<b>Shigellosis</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>5</b>
Syphilis - Total	2	1	2	5	13
<b>Tuberculosis</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>
West Nile Fever	0	0	0	0	0
<b>W. Nile Virus Neuroinvasive</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



San Luis Obispo County  
Public Health Department  
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## **Physician Guidelines for Community-Associated Methicillin-Resistant *Staphylococcus aureus* (MRSA) Skin Infections**

### **Background**

*Staphylococcus aureus* is a common etiologic organism in skin and soft tissue infections, and an estimated 20-30% of persons are nasal carriers of *S. aureus*. Methicillin-resistant *Staphylococcus aureus* (MRSA) are resistant to  $\beta$ -lactam antibiotics, including penicillinase-resistant penicillins (methicillin, oxacillin, nafcillin) and cephalosporins. MRSA has become a well-known source of infection in hospitals and health care facilities. In the last few years, community-associated MRSA (CA-MRSA) infections have been reported with increasing frequency. **Unlike hospital-associated MRSA (HA-MRSA), CA-MRSA infections often occur in otherwise healthy people without traditional risk factors.**

### **Clinical Presentation**

MRSA skin infections may present in a number of different forms including cellulitis, impetigo, folliculitis, abscesses (including furuncles and carbuncles), infected lacerations, myositis or necrotizing fasciitis. Other manifestations (i.e. blood or joint infections) have been less common, but some patients have required hospitalization for debridement or intravenous antibiotics. **Some MRSA skin infections have been initially misdiagnosed as “spider bites.”**

### **Diagnosis**

MRSA should be considered in the differential diagnosis of all patients presenting with skin and soft tissue infections as well as those with more severe illness compatible with *S. aureus* infection.

- **If you plan to initiate antibiotics, obtain specimens for culture and sensitivity testing before initiating treatment.**
- If incision and drainage is not performed, other options include culture of spontaneously draining wounds and/or culture and biopsy of the central area of cellulitis (note: superficial culture of open wounds may yield skin-colonizing bacteria and not the true pathogen).

### **Management**

#### **General principles:**

- The first line of treatment is incision and drainage (I & D) if possible, and local wound care. Antibiotics may not be necessary.
- Antibiotics alone without I & D are not recommended for treatment of fluctuant abscesses.
- Antibiotics should be reserved for mild infections that cannot be treated with I & D and for more serious infections.
- Antibiotic regimens should be modified based on culture, sensitivity results and clinical response. For instance, if culture grows methicillin-sensitive *S. aureus*, antibiotics for MRSA should be discontinued.
- Patients should be monitored closely for response to therapy.

*S. aureus* isolates resistant to erythromycin and susceptible to clindamycin should be evaluated for inducible clindamycin resistance (MLSB phenotype) using a “D test.”

- In addition to the above principles which apply to all cases, management should be based on severity of illness:
  - For patients with mild illness where suspicion for MRSA is high, consider empiric therapy for MRSA (TMP/SMX, Doxycycline, or Clindamycin). A beta-lactam (e.g., cephalexin or dicloxacillin) may be adequate in cases where clinical presentation is cellulitis without abscess and MRSA is not strongly suspected. Rifampin may be used in conjunction with TMP/SMX, Doxycycline, or Clindamycin to reduce the development of antimicrobial resistance
  - For patients with moderate illness, empirically treat for MRSA. Depending on severity of presentation, may require initial hospitalization and parenteral therapy.
  - For patients who are severely or critically ill, manage as inpatient with empiric broad-spectrum parenteral antibiotics active against MRSA, including vancomycin. Consider surgical intervention. Consult infectious disease specialist if patient does not improve or alternative antibiotics (e.g., linezolid or daptomycin) are being considered.
- The role of MRSA decolonization with mupirocin (Bactroban), especially in the community setting, is not yet known. However, there have been reports of mupirocin resistance in the setting of widespread mupirocin use.

### **Prevention**

- Skin infections with MRSA are transmitted by close skin-to-skin contact with another person infected with MRSA or by contact with a fomite or surface contaminated with MRSA.
- Use Standard Precautions to help prevent the spread of MRSA in a health care setting.
- Between patients, clean hands regularly with soap and warm water or an alcohol-based hand rubs.
- Wear gloves when managing wounds. After removing gloves, wash hands with soap and water or an alcohol-based hand rub.
- Carefully dispose of dressings and other materials that come into contact with blood, nasal discharge, urine or pus from patients infected with MRSA.
- Clean surfaces of exam rooms with commercial disinfectant or a 1:10 solution of diluted bleach (6 tablespoons bleach in 1 quart water).
- Launder any linens that come into patient contact in hot (>160 F) water and bleach. The heat of commercial dryers improves bacterial killing.
- The CDC Web site provides additional details on hand hygiene and environmental control in the health care setting:

[www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm)

[www.cdc.gov/ncidod/hip/GUIDE/handwash\\_pre/htm](http://www.cdc.gov/ncidod/hip/GUIDE/handwash_pre/htm)

### **Combined MRSA data for 2005**

#### **Percent Susceptible**

Organism	# of Isolates	Penicillin G	Ampicillin/sulb.	Cefazolin	Clindamycin	Gentamicin	Oxacillin	Vancomycin	Erythromycin	Trimethoprim /Sulfa	Nitrofurantoin (Urine)	Ciprofloxacin	Rifampin	Doxycycline	Linezolid
S. Aureus	1331*	9	52	52	85	97	52	100	39	98	100	61			
S. Aureus	158												100		
S. Aureus	1136													93	100

\* Combined data from AGCH, TCCH, SVRMC

## **We need your Response!**

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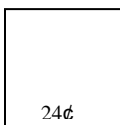
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## **West Nile Virus/Mosquito Abatement Program Status Report** **March 22, 2006**

### **County Update:**

#### **SPECIAL BULLETINS:**

- The Mosquito Abatement Program is at **response level one** of the 3-tiered response categories contained in the County's "**Mosquito-Borne Virus Surveillance & Response Plan.**"
- Until the active mosquito "season" starts for the year, these program status reports will be issued periodically instead of twice monthly.
- On March 7, Mosquito Abatement Program Staff met with state and local agencies having jurisdiction within the Pismo Lake/Oceano Lagoon about the possibility of aerial larviciding should potential risk for West Nile Virus Disease warrant such abatement efforts.

### **Education/Outreach**

Warm temperatures following the rains make mosquito bites a reality NOW, especially in areas known to be associated with biting mosquitoes. Already this year **7** dead birds from four counties have tested positive for WNV.\*

The public needs to remain vigilant in protecting themselves from mosquito bites.

Presentations on West Nile Virus and Mosquito Control are offered as one of the "Hot Issues" at [www.slopublichealth.org](http://www.slopublichealth.org).

*The West Nile Virus and Your Horse* brochure has been updated to emphasize the need for booster vaccinations and to list current contacts for WNV referrals and references.

Two Mosquito Abatement Program technicians attended the national conference on West Nile Virus in the United States on February 23 and 24

### **Surveillance & Treatment**

Physical surveying, dipping for larvae, adult trapping and larvicidal treatment are being conducted on recurring service routes to determine treatment success and monitor mosquito population trending at prioritized locations.

In February, a pond near Home Depot in San Luis Obispo and a detention basin in the vicinity of Halcyon Road/Highway 1 in rural Arroyo Grande were treated with mosquito larvicide.

## State Update:

### **In 2006:**

- \*A total of 7 dead birds from **Santa Clara, San Diego, Sacramento and Orange Counties** have tested positive for WNV.

### **4/58 California Counties**

2006 YTD West Nile Virus Activity	
Human Infections	0
Horses	0
<b>Dead birds</b>	<b>7</b>
Mosquito pools*	0
Sentinel chickens	0

### **54/58 California Counties**

2005 West Nile Virus Activity	
Human Infections	929
Horses	456
Dead birds	3,046
Mosquito pools**	1,242
Sentinel chickens	1,053

## National Update:

### **2005 West Nile Virus Activity in the United States (Reported to CDC as of February 14, 2006)\***

